



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY SERVICE
Laboratory Submission Form

DPS Laboratory Use Only

Lab
Case #

Date
Evidence Rec'd

Agency Case Number

Offense

Date of Offense

County of Offense

Agency

Case Contact Person

Name

Title

Mailing
Address

Phone

Fax

City, State
Zip Code

Email
Address

Suspect	Victim	Name (Last, First Middle)	Race	Sex	DOB	DL# / SS# / ID#
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Description of Evidence Submitted

	Exhibit #	Number of Items	Description of Evidence	Origin	Exam Requested
1					
2					
3					
4					
5					
6					

For some non-drug cases, it may be appropriate to attach a copy of the offense report.

Please include brief case synopsis, unusual examination(s) requested, and/or relevant case priority information.

Are known standards (blood, saliva, hair, inked prints, clothing, fabrics, etc.) submitted for comparison?

☐ Yes ☐ No

Have any of these exhibits been previously analyzed by a laboratory?

☐ Yes ☐ No If so, What Exhibit #'s?